Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Writ	e the name that is on	Pamela	
	pictu	ur government-issued ture identification (for ample, your driver's ense or passport).	First name	First name
	license o		Middle name	Middle name
	Brin	g your picture	Jobity	
	iden mee	itification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number N)	xxx-xx-7785	

Del	otor 1 Pamela Jobity		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		173-37 104th Avenue Jamaica, NY 11433	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Queens	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Pamela Jobity					Case number (if known)	
Par	Tell the Court About	our Bankr	uptcy Ca	se			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	☐ Chapte	er 7				
		☐ Chapte	er 11				
		☐ Chapte	er 12				
		■ Chapte	er 13				
8.	How you will pay the fee	abo orde	ut how you	u may pay. Typical attorney is submitti	ly, if you are paying the fee y	ck with the clerk's office in your local court for rourself, you may pay with cash, cashier's checular, your attorney may pay with a credit card o	k, or money
				the fee in installne in Installments (O		on, sign and attach the Application for Individu	als to Pay
		☐ I red	quest that is not requ	t my fee be waived uired to, waive your	d (You may request this option fee, and may do so only if you	on only if you are filing for Chapter 7. By law, a bur income is less than 150% of the official power installments). If you choose this option, you	erty line that
						cial Form 103B) and file it with your petition.	must mii out
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
	•		District		When	Case number	
			District				
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor		NA//	Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to li	ne 12.			
		☐ Yes.	Has you	ur landlord obtained	d an eviction judgment agains	st you?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and file it	as part of

Debtor	Pamela Jobity			Case number (if known)	
Part 3:	Report About Any Bu	sinesses `	You Own as a Sole Proprie	etor	
of	re you a sole proprietor f any full- or part-time usiness?	■ No.	Go to Part 4.		
		☐ Yes.	Name and location of bu	siness	
bı ar se as	sole proprietorship is a usiness you operate as n individual, and is not a eparate legal entity such s a corporation, artnership, or LLC.		Name of business, if any		
If you have more than one sole proprietorship, use a separate sheet and attach		ate & ZIP Code			
it	to this petition.			ox to describe your business:	
				ness (as defined in 11 U.S.C. § 101(27A))	
				I Estate (as defined in 11 U.S.C. § 101(51B))	
				defined in 11 U.S.C. § 101(53A))	
			· · · · · · · · · · · · · · · · · · ·	er (as defined in 11 U.S.C. § 101(6))	
			☐ None of the abov	e	
C B ye	re you filing under hapter 11 of the ankruptcy Code and are ou a s <i>mall busin</i> ess lebtor?	deadlines operation	you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can seadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow 11 U.S.C. 1116(1)(B).		
	or a definition of small	■ No.	I am not filing under Cha	pter 11.	
	usiness debtor, see 11 I.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Part 4:	Report if You Own or	Have Any	Hazardous Property or Ar	ny Property That Needs Immediate Attention	
pı al	o you own or have any roperty that poses or is lleged to pose a threat f imminent and	■ No.	What is the hazard?		
id po O	I minifield and lentifiable hazard to ublic health or safety? Ir do you own any roperty that needs		If immediate attention is		
	nmediate attention?		needed, why is it needed?		
pe liv or	or example, do you own erishable goods, or vestock that must be fed, r a building that needs rgent repairs?		Where is the property?		
				Number, Street, City, State & Zip Code	

Entered 06/07/19 16:42:56 Case 1-19-43571-cec Doc 1 Filed 06/07/19 Debtor 1 Case number (if known) Pamela Jobity Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit ☐ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a certificate of completion. completion. The law requires that you receive a briefing about Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit ☐ I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have choices. If you cannot do a certificate of completion. so, you are not eligible to of completion. file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you filed for bankruptcy. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational decisions about finances. making rational decisions about finances. Disability.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. this bankruptcy petition, and I received a certificate of

this bankruptcy petition, but I do not have a certificate

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Pamela Jobity				Case number (if known)		
Par	t 6: Answer These Quest	ions for Rep	orting Purposes			
	What kind of debts do you have?			umer debts? Consumer debts are defined I, family, or household purpose."	d in 11 U.S.C. § 101(8) as "incurred by an	
			No. Go to line 16b.			
			Yes. Go to line 17.			
				ess debts? Business debts are debts that ent or through the operation of the busine		
			No. Go to line 16c.			
			Yes. Go to line 17.			
		16c. S	State the type of debts you owe that are not consumer debts or business debts			
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter 7. G	Go to line 18.		
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt propert ole to distribute to unsecured creditors?	y is excluded and administrative expenses	
	administrative expenses		] No			
	are paid that funds will be available for		] Yes			
	distribution to unsecured creditors?					
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000	
	you estimate that you owe?	□ 50-99		5001-10,000	50,001-100,000	
		□ 100-199 □ 200-999		□ 10,001-25,000	☐ More than100,000	
19.	How much do you	□ \$0 - \$50	000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?	□ \$50,001		☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion	
	be worth.	\$100,001 - \$500,000		□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion	
		□ \$500,00°	1 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$50	000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?	□ \$50,001	- \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion	
		_	1 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		□ \$500,00°	1 - \$1 million	<b>—</b> \$100,000,001 - \$500 million	iniore tran \$50 billion	
Par	t 7: Sign Below					
For	you	I have exam	nined this petition, and I declare	under penalty of perjury that the informat	tion provided is true and correct.	
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request rel	ief in accordance with the chap	ter of title 11, United States Code, specifi	ed in this petition.	
		bankruptcy and 3571.	case can result in fines up to \$2	ncealing property, or obtaining money or p 250,000, or imprisonment for up to 20 yea	property by fraud in connection with a rrs, or both. 18 U.S.C. §§ 152, 1341, 1519,	
		/s/ Pamela Pamela Jo	bity	Signature of Debtor 2		
		Signature of	f Debtor 1			
		Executed or		Executed on		
			MM / DD / YYYY	MM / [	DD / YYYY	

Debtor 1 Pamela Jobity		Case	Case number (if known)		
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unite	d States Code, and have ex	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b)		
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect.	certify that I have no know	ledge after an inquiry that the information in the		
	/s/ Denrick Cooper, Esq.	Date	June 7, 2019		
	Signature of Attorney for Debtor		MM / DD / YYYY		
	Denrick Cooper, Esq. 2860443 Printed name				
	Denrick Cooper, PC				
	Firm name				
	207-23 Hillside Avenue				
	Queens Village, NY 11427				
	Number, Street, City, State & ZIP Code				
	Contact phone <b>718-479-9500</b>	Email address	cooperlegal@aol.com		
	2860443 NY				
	Bar number & State		<del></del>		

	in this informa	ation to identify your	case:			
Deb	otor 1	Pamela Jobity				
Deh	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bank	kruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Cas (if kn	e number				_	if this is an ded filing
Of	ficial Fori	m 106Sum				
				d Certain Statistical Informatio		12/15
infor your	mation. Fill ou original forms	ıt all of your schedul	les first; then complete the	are filing together, both are equally responsible information on this form. If you are filing amouthe box at the top of this page.		
Part	Summar	nze four Assets				
					Your as	ssets f what you own
1.	Schedule A/E 1a. Copy line	<b>3: Property</b> (Official F 55, Total real estate, f	orm 106A/B) rom Schedule A/B		\$	410,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B		\$	4,000.00
	1c. Copy line	63, Total of all propert	y on Schedule A/B		\$	414,000.00
Part	2: Summar	rize Your Liabilities				
						abilities t you owe
2.			Claims Secured by Property ( mn A, Amount of claim, at th	Official Form 106D) ne bottom of the last page of Part 1 of <i>Schedule D</i>	o \$	362,000.00
3.			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) ) from line 6e of <i>Schedule E/F</i>	\$	0.00
			2 (nanpriority unacquired als	nims) from line 6j of Schedule E/F		
	3b. Copy the	total claims from Part	2 (nonphonity unsecured dia	lims) from line of or scriedule E/F	\$	0.00
	3b. Copy the	total claims from Part	2 (nonphonty unsecured Cir	lims) from the of or schedule E/F	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cir	Your total liabilit		362,000.00
Part				,		
Part	t 3: Summar	rize Your Income and	d Expenses	,		
Part	Schedule I: Yo	rize Your Income and	d Expenses	,	ies \$	
	Schedule I: Yo Copy your cor	rize Your Income and four Income (Official Formbined monthly income four Expenses (Official Formbined monthly income four Expenses (Official Formbined monthly income four Expenses (Official Formbined monthly income for Exp	d Expenses  orm 106I)  ne from line 12 of <i>Schedule I</i> Il Form 106J)	Your total liabilit	ies \$	362,000.00
4.	Schedule I: Yo Copy your cor Schedule J: Y Copy your mo	rize Your Income and four Income (Official Formbined monthly income of the Expenses (Official Formbly expenses from I	d Expenses  orm 106I)  ne from line 12 of <i>Schedule I</i> Il Form 106J)	Your total liabilit	ies \$	362,000.00 6,238.00
4. 5.	Schedule I: You Copy your conschedule J: You Copy your model.  Answer  Are you filing	rize Your Income and four Income (Official Formbined monthly income Your Expenses (Official onthly expenses from Income These Questions for grant of the pankruptcy and	d Expenses  orm 106I)  ne from line 12 of Schedule I  I Form 106J)  ine 22c of Schedule J  Administrative and Statis  ler Chapters 7, 11, or 13?	Your total liabilit	\$ \$	362,000.00 6,238.00 3,318.00
4. 5.	Schedule I: You Copy your conscious Schedule J: You Copy your model.  Answer  Are you filing No. You  Yes	rize Your Income and four Income (Official Formbined monthly income Your Expenses (Official onthly expenses from Income These Questions for grant of the pankruptcy and	d Expenses  orm 106I)  ne from line 12 of Schedule I  I Form 106J)  ine 22c of Schedule J  Administrative and Statis  ler Chapters 7, 11, or 13?	Your total liabilit	\$ \$	362,000.00 6,238.00 3,318.00
<ul><li>4.</li><li>5.</li><li>Part</li><li>6.</li></ul>	Schedule I: You Copy your core Schedule J: Your delivers Schedule J: Y	rize Your Income and four Income (Official Formbined monthly income Your Expenses (Official pothly expenses from Income Questions for Question	d Expenses  form 106I)  the from line 12 of Schedule II  I Form 106J)  the 22c of Schedule J  Administrative and Statist  ther Chapters 7, 11, or 13?  the on this part of the form. Chapters 1, 1, 1, 1, 1, 2, 1, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	Your total liabilit	s s s s s s s s s s s s s s s s s s s	362,000.00 6,238.00 3,318.00
<ul><li>4.</li><li>5.</li><li>Part</li><li>6.</li></ul>	Schedule I: You Copy your core Schedule J: Your del Nour del Nour del Your del	rize Your Income and our Income (Official Formbined monthly income (Official Formbined monthly income (Our Expenses (Official onthly expenses from Income Questions for Questions for Questions for Questions for Questions for Questions for bankruptcy und have nothing to report Questions for Questions for Questions for Questions for bankruptcy und have nothing to report Questions for Questions for Questions for bankruptcy und have nothing to report Questions for	d Expenses  orm 106I) ne from line 12 of Schedule I I Form 106J) ine 22c of Schedule J  Administrative and Statis  der Chapters 7, 11, or 13? t on this part of the form. Chapters 10 or	Your total liabilit  tical Records  eck this box and submit this form to the court with	sies \$	362,000.00 6,238.00 3,318.00 nedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Deb	tor 1	Pamela Jobity	Case number (if known)	
8.		the Statement of Your Current Monthly Income: Cop -1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L		\$ 6,398.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this infor	mation to identify your case and th	nis filing:		
Debtor 1				
Debior 1	Pamela Jobity First Name Middle	Name Last Name		
Debtor 2 (Spouse, if filing)	First Name Middle	Name Last Name		
United States Ba	ankruptcy Court for the: EASTERN	DISTRICT OF NEW YORK		
Case number				☐ Check if this is an amended filing
	orm 106A/B			
Schedul	le A/B: Property			12/15
Answer every que	stion. Each Residence, Building, Land, or Ot have any legal or equitable interest in a	heet to this form. On the top of any additional pages, her Real Estate You Own or Have an Interest In any residence, building, land, or similar property?	write your frame and case	e number (ii known).
	O4th Avenue , if available, or other description	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
		☐ Manufactured or mobile home	Current value of the	Current value of the
Jamaica	NY 11433-0000	Land	entire property?	portion you own?
City	State ZIP Code	☐ Investment property ☐ Timeshare	\$410,000.00	\$410,000.00
		☐ Other		our ownership interest ancy by the entireties, or
		Who has an interest in the property? Check one  Debtor 1 only	a life estate), if known.	
Queens		Debtor 2 only		
County		Debtor 1 and Debtor 2 only	Oh salaif this is same	
		At least one of the debtors and another	Check if this is com (see instructions)	munity property
		Other information you wish to add about this item property identification number:	ı, such as local	
pages you h Part 2: Describe Do you own, leasomeone else dri	have attached for Part 1. Write that Your Vehicles use, or have legal or equitable inter	est in any vehicles, whether they are registered tit on Schedule G: Executory Contracts and Une.	d or not? Include any ve	\$410,000.00 Phicles you own that
■ No				
☐ Yes				

Del	btor 1	Pamela Jobity Case number (if kn	own)
		raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories is: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	No		
	] Yes		
		e dollar value of the portion you own for all of your entries from Part 2, including any entries for you have attached for Part 2. Write that number here==============================	\$0.00
		,	
		scribe Your Personal and Household Items	
Do	you ov	vn or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
		old goods and furnishings	
	<i>⊑xampı</i> □ No	les: Major appliances, furniture, linens, china, kitchenware	
ı	Yes.	Describe	
		- ·	¢4 000 00
		Furniture	\$1,000.00
7 6	Electror	nica	
	Exampl	les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mu including cell phones, cameras, media players, games	isic collections; electronic devices
	■ No □ Yes.	Describe	
8. <b>C</b>	Collecti	bles of value	
	_	les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, other collections, memorabilia, collectibles	coin, or baseball card collections;
	■ No □ Yes.	Describe	
		ent for sports and hobbies	
	Exampl _	les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can musical instruments	oes and kayaks; carpentry tools;
 	■ No	Describe	
10.	Firearn Examp	<b>ns</b> o <i>les:</i> Pistols, rifles, shotguns, ammunition, and related equipment	
ı	No		
[	☐ Yes.	Describe	
	_ ′	s  bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	⊔ No ■ Yes.	Describe	
		Clothing	\$1,500.00
	_	y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge	ms, gold, silver
	■ No □ Yes.	Describe	
		rm animals	
	_	ples: Dogs, cats, birds, horses	
 	■ No	Describe	
	<b>∟</b> 1€5.	DOGOTINO	

D	ebtor 1	Pamela Jobity				Case number (if known)	
14	■ No	her personal and ho		•	I not already list, including any health a	ids you did not list	
15	5. <b>Add t</b>	the dollar value of a	ll of y	our entries from F	Part 3, including any entries for pages y	ou have attached	\$2,500.00
		scribe Your Financial <i>i</i> vn or have any legal			n any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
16	■ No	oles: Money you have	•		ome, in a safe deposit box, and on hand v	hen you file your petition	
17					counts; certificates of deposit; shares in cross with the same institution, list each.	edit unions, brokerage hou	uses, and other similar
	_				Institution name:		
		1	7.1.	Checking	TD Bank		\$200.00
		1	7.2.	Savings	TD Bank		\$100.00
		1	7.3.	Checking	Capital One		\$500.00
		1	7.4.	Savings	Capital One		\$200.00
		1	7.5.	Savings	Credit Union		\$500.00
18		, mutual funds, or poles: Bond funds, inve			rokerage firms, money market accounts		
				Institution or issuer	name:		
19		ublicly traded stock enture	and i	nterests in incorp	oorated and unincorporated businesses	s, including an interest i	n an LLC, partnership, and
	■ No	Give specific informa	ation :	ahout thom			
	Li Tes.	Give specific informa		ne of entity:		% of ownership:	
20	Negoti Non-n	<i>iable instrument</i> s incl	ude p	ersonal checks, ca	otiable and non-negotiable instruments shiers' checks, promissory notes, and mo ansfer to someone by signing or delivering	ney orders.	
	■ No □ Yes	Give specific informa	ıtion a	hout them			
	163.	Civo opocino inioima		er name:			
21		ment or pension accodes: Interests in IRA,			403(b), thrift savings accounts, or other pe	ension or profit-sharing pla	ans

■ No

De	ebtor 1	Pamela Jo	bity		Case number	(if known)
	☐ Yes. L	_ist each acco	ount separately.  Type of account:	Institution na	me:	
	Your sh Example ■ No	nare of all unu les: Agreeme	nd prepayments used deposits you have made s nts with landlords, prepaid rent	t, public utilities (electi	nue service or use from a compan ric, gas, water), telecommunication	y ns companies, or others
	☐ Yes			Institution na	me or individual:	
	Annuitio ■ No	es (A contrac	t for a periodic payment of mor	ney to you, either for li	ife or for a number of years)	
	■ No □ Yes		Issuer name and description.			
	26 U.S.C		ation IRA, in an account in a (1), 529A(b), and 529(b)(1).	qualified ABLE prog	ram, or under a qualified state t	tuition program.
	■ No □ Yes		Institution name and description	on. Separately file the	records of any interests.11 U.S.C	C. § 521(c):
	■ No		future interests in property ( information about them	other than anything	listed in line 1), and rights or p	owers exercisable for your benefit
		·	, trademarks, trade secrets, a	and other intellectua	I property	
	Example ■ No	les: Internet d	lomain names, websites, proce	eds from royalties and	d licensing agreements	
	☐ Yes.	Give specific	information about them			
	_Exampl		s, and other general intangib permits, exclusive licenses, coo		holdings, liquor licenses, profession	onal licenses
	■ No □ Yes.	Give specific	information about them			
Mo	oney or p	property owe	d to you?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to	o you			
	■ No □ Yes. 0	Give specific i	nformation about them, including	ng whether you alread	dy filed the returns and the tax yea	ars
	■ No	les: Past due	or lump sum alimony, spousal	support, child suppor	t, maintenance, divorce settlemen	nt, property settlement
30.	Exampl	les: Unpaid w	neone owes you rages, disability insurance payn unpaid loans you made to som		its, sick pay, vacation pay, worke	ers' compensation, Social Security
	■ No □ Yes.	Give specific	information			
		t <b>s in insurand</b> <i>les:</i> Health, di		th savings account (H	SA); credit, homeowner's, or rente	er's insurance
		Name the insu	urance company of each policy Company name:	and list its value.	Beneficiary:	Surrender or refund value:
	If you a		erty that is due you from son ciary of a living trust, expect pro		urance policy, or are currently enti	tled to receive property because

Deb	tor 1	Pamela Jobity		Case number (if known)	
	l Yes.	Give specific information			
		against third parties, whether or not you have filed a law bles: Accidents, employment disputes, insurance claims, or rig		and for payment	
	No				
	Yes.	Describe each claim			
34. <b>(</b>	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to se	et off claims
	No		_	-	
	Yes.	Describe each claim			
35.	Anv fin	ancial assets you did not already list			
_	No				
	Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here			\$1,500.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
37. <b>D</b>	o you d	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>[</b>	Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
D. 4	_		B. I.N. at the Alice		
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		have other property of any kind you did not already list? ples: Season tickets, country club membership	•		
		Give specific information			
				_	
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
				_	
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$410,000.00
56.	Part 2	2: Total vehicles, line 5	\$0.00		
57.	Part 3	3: Total personal and household items, line 15	\$2,500.00		
58.	Part 4	l: Total financial assets, line 36	\$1,500.00		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	3: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$4,000.00	Copy personal property total	\$4,000.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$414,000.00

Fil	l in this info	rmation to identify your case	<b>:</b>						
De	ebtor 1	Pamela Jobity							
		First Name	Middle Name	L	ast Name				
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name				
l In	nited States F	Bankruptcy Court for the: EA	ASTERN DISTRICT OF N	=\// Y(	ORK				
011	illed States L	Dankiupicy Court for the.	STERN DISTRICT OF IN	_	ONN				
	nse number						Check if this is an		
(						"	amended filing		
Oí	fficial F	orm 106C				_			
S	chedu	le C: The Prop	erty You Cla	im	as Exempt		4/19		
the nee cas For spe any fun exe	property you eded, fill out a se number (if reach item of ecific dollar applicable ds—may be emption to a	I listed on Schedule A/B: Property and attach to this page as many known).  of property you claim as exert amount as exempt. Alternative statutory limit. Some exempt unlimited in dollar amount.	erty (Official Form 106A/B) y copies of Part 2: Addition mpt, you must specify the vely, you may claim the f tions—such as those for However, if you claim an	as you nal Pa e amo ull fa heal	ther, both are equally responsible for source, list the property that you age as necessary. On the top of any count of the exemption you claim. If market value of the property be thaids, rights to receive certain a position of 100% of fair market valuetermined to exceed that amount	claim as ex additional p One way of ing exempto penefits, and the under a l	empt. If more space is pages, write your name and f doing so is to state a ted up to the amount of d tax-exempt retirement aw that limits the		
Pa	rt 1: Iden	tify the Property You Claim a	as Exempt						
1.	Which set	of exemptions are you claim	ing? Check one only, eve	n if yc	our spouse is filing with you.				
	_	claiming state and federal non	-						
		•			3 0==(0)(0)				
2	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.								
۷.			•	•		Crosifia la	over that allow averages		
		ption of the property and line on B that lists this property	Current value of the portion you own			<b>эреспіс</b> іа	ws that allow exemption		
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
		4th Avenue Jamaica, NY Jeens County	\$410,000.00		\$170,825.00	NYCPLE	R § 5206		
		Schedule A/B: <b>1.1</b>			100% of fair market value, up to any applicable statutory limit				
	Furniture	Schedule A/B: <b>6.1</b>	\$1,000.00		\$1,000.00	NYCPLF	R § 5205(a)(5)		
	Line nom s	criedule A/B. <b>G. I</b>			100% of fair market value, up to any applicable statutory limit				
	Clothing	Schedule A/B: <b>11.1</b>	\$1,500.00		\$1,500.00	NYCPLE	R § 5205(a)(5)		
	Line nom S	oriedule A/B. 1111			100% of fair market value, up to any applicable statutory limit				
3.	(Subject to ☐ No ☐ Yes. □	,	ery 3 years after that for ca	ises fi	led on or after the date of adjustme	,			

Official Form 106C

Debt	n this information to identify you	ir case:			
		AP. III.			
Debt	First Name	Middle Name Last Name			
	se if, filing) First Name	Middle Name Last Name			
Unite	ed States Bankruptcy Court for the	EASTERN DISTRICT OF NEW YORK			
Case	e number				
(if kno	wn)				if this is an
				ameno	ed filing
Offi	cial Form 106D				
Scł	nedule D: Creditors	Who Have Claims Secured	by Propert	У	12/15
is nee		If two married people are filing together, both are equ out, number the entries, and attach it to this form. On			
1. Do a	any creditors have claims secured b	y your property?			
	$\beth$ No. Check this box and submit t	his form to the court with your other schedules. You	u have nothing else t	o report on this form.	
	Yes. Fill in all of the information	below.			
Part	1: List All Secured Claims				
		more than one secured claim, list the creditor separately	Column A	Column B	Column C
for ea	ach claim. If more than one creditor has	s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
mucn	i as possible, list the claims in alphabet	ical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1	SN Servicing Corporation	Describe the property that secures the claim:	\$362,000.00	\$410,000.00	\$0.00
	Creditor's Name	173-37 104th Avenue Jamaica, NY 11433 Queens County			
	P.O. Box 660820	As of the date you file, the claim is: Check all that			
	Dallas, TX 75266	apply. ☐ Contingent			
		9			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who	Number, Street, City, State & Zip Code  owes the debt? Check one.	Disputed  Nature of lien. Check all that apply.			
<b>■</b> De	owes the debt? Check one. ebtor 1 only	☐ Disputed  Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or secu	ıred		
■ De	owes the debt? Check one. ebtor 1 only ebtor 2 only	□ Disputed  Nature of lien. Check all that apply.  □ An agreement you made (such as mortgage or secucar loan)	rred		
	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only	□ Disputed  Nature of lien. Check all that apply.  □ An agreement you made (such as mortgage or secucar loan)  □ Statutory lien (such as tax lien, mechanic's lien)	rred		
	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another	<ul> <li>☐ Disputed</li> <li>Nature of lien. Check all that apply.</li> <li>☐ An agreement you made (such as mortgage or secucar loan)</li> <li>☐ Statutory lien (such as tax lien, mechanic's lien)</li> <li>☐ Judgment lien from a lawsuit</li> </ul>	ared		
Do	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only	□ Disputed  Nature of lien. Check all that apply.  □ An agreement you made (such as mortgage or secucar loan)  □ Statutory lien (such as tax lien, mechanic's lien)	rred		
Do	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim relates to a	<ul> <li>☐ Disputed</li> <li>Nature of lien. Check all that apply.</li> <li>☐ An agreement you made (such as mortgage or secucar loan)</li> <li>☐ Statutory lien (such as tax lien, mechanic's lien)</li> <li>☐ Judgment lien from a lawsuit</li> </ul>	ared		
Do	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim relates to a	<ul> <li>□ Disputed</li> <li>Nature of lien. Check all that apply.</li> <li>□ An agreement you made (such as mortgage or secucar loan)</li> <li>□ Statutory lien (such as tax lien, mechanic's lien)</li> <li>□ Judgment lien from a lawsuit</li> <li>□ Other (including a right to offset)</li> </ul>	ired		
Date	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim relates to a community debt debt was incurred	<ul> <li>□ Disputed</li> <li>Nature of lien. Check all that apply.</li> <li>□ An agreement you made (such as mortgage or secucar loan)</li> <li>□ Statutory lien (such as tax lien, mechanic's lien)</li> <li>□ Judgment lien from a lawsuit</li> <li>□ Other (including a right to offset)</li> </ul>	s362,00	00.00	
Date  Dollar	owes the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim relates to a community debt debt was incurred	□ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secucar loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)  Last 4 digits of account number 1203			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in this infor	mation to identify your	case:		
Debtor 1	Pamela Jobity			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F NEW YORK	
Case number				
(if known)				☐ Check if this amended filir

### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
  - No. Go to Part 2.
  - ☐ Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?
  - No. You have nothing to report in this part. Submit this form to the court with your other schedules.
  - ☐ Yes.

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	C4	Student loans	6f.	Total Claim	
Total	6f.	Student loans	ы.	\$	0.00
claims from Part 2	6a.	Obligations arising out of a separation agreement or divorce that			
	og.	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	0.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	0.00

Official Form 106 E/F

Debtor 1 Pamela Jobity
First Name Middle Name Last Name
Debtor 2
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK
Case number
(if known)

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1		·	•		
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<del>_</del>
2.4	-				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u></u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this i	information to identify your	case:			
Debtor 1	Pamela Jobity				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
0					
Case numb (if known)	er				☐ Check if this is an
,					amended filing
					Ç
Official	Form 106H				
Schedi	ule H: Your Cod	ehtors			12/15
<del>5011041</del>	alo III. I odi oda	001010			1213
our name a	and case number (if known)	. Answer every question			o of any Additional Pages, write
20,		you are ming a joint case,	ao not not office opouce	ao a ocaobion	
■ No					
☐ Yes					
Arizona  No. (	in the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		states and territories include
in line : Form 1 out Col	2 again as a codebtor only	f that person is a guaran Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed the 16G). Use Schedule D,	g with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debtes that apply:
	, , , ,			Officer all soffication	з тат арру.
3.1				Schedule D, line	e
N	lame			☐ Schedule E/F, I	ine
				☐ Schedule G, line	e
N	lumber Street			<u> </u>	
С	City	State	ZIP Code		
				Cabadula D lia	_
3.2	lame			□ Schedule D, line □ Schedule E/F, li	
				Schedule E/F, II	
_					<del></del>
	lumber Street City	State	ZIP Code		
C	nty	Sidio	Zii- Coue		

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Fill	in this information to identify your c	ase:							
Del	ptor 1 Pamela Job	ity			_				
	otor 2 uuse, if filing)				_				
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF NEW YORK		_				
	se number 		-				ed filing ent showing	g postpetitior	
$\bigcirc$	fficial Form 106I					13 income	as of the fo	ollowing date:	
		<b>.</b>				MM / DD/ Y	YYY		
	chedule I: Your Inc								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing w	ith you, do not includ	le infori	mation abou	ut your spo	ouse. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Empl	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	mployed		
	employers.	Occupation	Self Employed						
	Include part-time, seasonal, or self-employed work.	Employer's name	Self Employed						
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any line, wri	te \$0 in the	space. Inc	clude your no	n-filing
	u or your non-filing spouse have mee space, attach a separate sheet to		ombine the information	for all e	employers fo	or that perso	on on the li	nes below. If	you need
					For De	ebtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,147.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$2,	147.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debte	or 1	Pamela Jobity	_	C	Case number (if kn	own)				
					For Debtor 1		non-	Debtor :	pouse	
	Cop	y line 4 here	4.		\$ 2,147	.00	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 160	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0	.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d			.00	\$		N/A	_
	5e.	Insurance	5e			.00	\$		N/A	_
	5f.	Domestic support obligations	5f.			.00	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h			.00	* + \$		N/A N/A	_
_		· · · · · · · · · · · · · · · · · · ·			· — •					-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$1,987	.00	\$		N/A	-
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		<b>.</b>		•			
	8b.	monthly net income.  Interest and dividends	8a 8b		\$1,584 \$		\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent			Φ	.00	Φ		N/A	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			.00	\$		N/A	_
	8d.	Unemployment compensation	8d			.00	\$		N/A	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e		\$0	.00	\$		N/A	_
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.			.00	\$		N/A	_
	8g.	Pension or retirement income	8g			.00	\$		N/A	_
	8h.	Other monthly income. Specify: contribution from son	8h	.+	\$ 2,343		+ \$		N/A	_
		contribution from daughter	_		\$324	.00	\$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,251	.00	\$		N/A	A
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	6,238.00	+ \$		N/A	= \$	6,238.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	0,200.00	.  * -				0,200.00
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe				•	chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailes						12.	\$Combin	6,238.00
40	<b>D</b> -								monthl	y income
13.	<b>■</b>	you expect an increase or decrease within the year after you file this form  No.  Yes. Explain:	lf 							

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	Pamela Jobity			ck if this is: An amended filing	
	otor 2ouse, if filing)			•	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO	PRK	-	MM / DD / YYYY	
l	se numbernown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this formber (if known). Answer every question.	filing together, bo orm. On the top of	th are equ any additio	ally responsible fo onal pages, write y	r supplying correct our name and case
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses in	for Separate Housel	hold of Deb	tor 2.	
2.	Do you have dependents? ■ No	,			
۷.	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
					□ No
					☐ Yes ☐ No
					□ Yes
					□ No
•	De como como con la factoria				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Est exp	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a supplicable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Yo</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$	\$	1,604.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	6	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hom</li> </ul>	ne equity loans	4d. \$ 5. \$		0.00 0.00

Debtor 1 Pame	ela Jobity	Case num	ber (if known)	
I Itilitiaa.				
. <b>Utilities:</b> 6a. Electri	icity, heat, natural gas	6a.	\$	320.00
	, sewer, garbage collection	6b.		100.00
			·	
•	hone, cell phone, Internet, satellite, and cable services	6c.	·	250.00
	. Specify:	6d.	·	0.00
	ousekeeping supplies	7.	\$	500.00
Childcare a	nd children's education costs	8.	\$	0.00
Clothing, la	undry, and dry cleaning	9.	\$	83.00
<ol><li>Personal ca</li></ol>	re products and services	10.	\$	50.00
I. Medical and	dental expenses	11.	\$	0.00
2. Transportat	tion. Include gas, maintenance, bus or train fare.	4.0		187.00
	de car payments.	12.		
	ent, clubs, recreation, newspapers, magazines, and books	13.	· ·	50.00
<ol> <li>Charitable of</li> </ol>	contributions and religious donations	14.	\$	0.00
5. Insurance.				
	de insurance deducted from your pay or included in lines 4 or 20.			
15a. Life in		15a.	·	116.00
15b. Health	n insurance	15b.	\$	0.00
15c. Vehicl	e insurance	15c.	\$	0.00
15d. Other	insurance. Specify:	15d.	\$	0.00
6. Taxes. Do n	ot include taxes deducted from your pay or included in lines 4 or 20	).		
Specify:	, , , , , , , , , , , , , , , , , , ,	16.	\$	0.00
	or lease payments:			
17a. Car pa	ayments for Vehicle 1	17a.	\$	0.00
17b. Car pa	ayments for Vehicle 2	17b.	\$	0.00
17c. Other.	. Specify:	17c.	\$	0.00
17d. Other.	Specify:	17d.	\$	0.00
	ents of alimony, maintenance, and support that you did not rep		Φ	0.00
	om your pay on line 5, Schedule I, Your Income (Official Form	<b>106I).</b> 18.	· ·	
	ents you make to support others who do not live with you.		\$	0.00
Specify:		19.	_	
	property expenses not included in lines 4 or 5 of this form or or			
•	ages on other property	20a.	·	0.00
20b. Real e	estate taxes	20b.	\$	0.00
20c. Prope	rty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Mainte	enance, repair, and upkeep expenses	20d.	\$	0.00
20e. Home	owner's association or condominium dues	20e.	\$	0.00
I. Other: Spec	ify: Student Loan	21.	+\$	58.00
·	· -		<u> </u>	
•	our monthly expenses			
	es 4 through 21.		\$	3,318.00
22b. Copy lir	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 10	)6J-2	\$	
22c. Add line	e 22a and 22b. The result is your monthly expenses.		\$	3,318.00
				-,
	our monthly net income.		•	<u>_</u>
	line 12 (your combined monthly income) from Schedule I.	23a.		6,238.00
23b. Copy	your monthly expenses from line 22c above.	23b.	-\$	3,318.00
220 Cubi-	act your monthly expenses from your monthly income			
	act your monthly expenses from your monthly income. esult is your <i>monthly net income</i> .	23c.	\$	2,920.00
1110 10	search year morning normorms.		<u>L</u>	
	ect an increase or decrease in your expenses within the year a			
	do you expect to finish paying for your car loan within the year or do you exp	ect your mortgage p	payment to increa	se or decrease because of a
	the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			

FIII III UIIS IIIIOI	mation to identity your	case.			
Debtor 1	Pamela Jobity				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
	. ,				
Case number (if known)					Check if this is an amended filing
Official For	-				
Declarat	tion About a	an Individual	<b>Debtor's Scl</b>	nedules	12/15
f two morried n	and are filing togethe	r beth are equally recover		at information	
r two married p	eopie are ming togethe	r, both are equally respor	isible for supplying corre	ect information.	
					ment, concealing property, or
	ly or property by fraud i		ruptcy case can result in	tines up to \$250,000	, or imprisonment for up to 20
,		.0.0, a 00			
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankr	ruptcy Petition Preparer's Notice,
				Declaration, a	and Signature (Official Form 119)
Under nens	alty of perjury I declare	that I have read the sumi	mary and schedules filed	with this declaration	a and
	re true and correct.	that I have read the Sum	nary and schedules med	with this deciaration	i anu
X /s/ Par	mela Jobity		X		
	la Jobity ure of Debtor 1		Signature of D	Pebtor 2	
Date	June 7, 2019		Date		
_					

Official Form 106Dec

Fil	l in th <u>is inf</u>	ormation to identify you	r case:			
	btor 1	Pamela Jobity				
		First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States	Bankruptcy Court for the:	EASTERN DISTRICT O	OF NEW YORK		
OII	nea otates	bankruptcy Court for the.	ENOTERIN DIOTRIOT	THEW FORK		
	se number					Check if this is an amended filing
Oí	ficial F	orm 107				
St	ateme	nt of Financial	Affairs for Indiv	iduals Filing for	r Bankruptcy	4/19
info	ormation. I	f more space is needed, own). Answer every ques	attach a separate sheet t stion.	o this form. On the top of	are equally responsible for si f any additional pages, write y	
Pa	rt 1: Giv	e Details About Your Ma	rital Status and Where Yo	ou Lived Before		
1.	What is y	our current marital statu	ıs?			
	☐ Marr	ied				
	■ Not r	married				
2.	During the	e last 3 years, have you	lived anywhere other tha	n where you live now?		
	☐ Yes.	List all of the places you li	ived in the last 3 years. Do	not include where you live	now.	
	Debtor 1	Prior Address:	Dates Debtor lived there	1 Debtor 2 Prio	r Address:	Dates Debtor 2 lived there
<b>3.</b> stat					munity property state or territo to Rico, Texas, Washington and	
	■ No					
	☐ Yes.	Make sure you fill out Sch	nedule H: Your Codebtors (	Official Form 106H).		
Pa	rt 2 Exp	plain the Sources of You	r Income			
4.	Fill in the	total amount of income yo	nployment or from operat u received from all jobs and have income that you rece	d all businesses, including		lendar years?
	□ No					
	_	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions are exclusions)	Sources of income	Gross income (before deductions and exclusions)
		dar year before that: December 31, 2017)	☐ Wages, commissions, bonuses, tips	\$20,896.0	Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

Debto	or 1 <b>P</b> a	amela Jobi	ty			Cas	e number (if known)				
5. Did you receive any other income during this year or the two p					dia tan						
Ir a	nclude in nd other	come regard public benef	lless of wheth fit payments;	ner that income is taxa	able. Examples me; interest; div	of other income are a idends; money collect	alimony; child supp cted from lawsuits;	royalties; and	ecurity, unemployment, d gambling and lottery	,	
L	ist each	source and t	he gross inco	ome from each source	e separately. Do	not include income t	that you listed in lin	ie 4.			
	□ No										
	Yes.	Fill in the de	etails.								
				Debtor 1			Debtor 2				
				Sources of income Describe below.	eacl (bef	ss income from h source ore deductions and usions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
		dar year be		contribution		\$19,104.00					
(Janu	iary i to	December	31, 2017)							_	
Part :	3: Lis	t Certain Pa	vments You	Made Before You F	iled for Bankru	ıptcv					
			•							-	
-	No.			's debts primarily co Debtor 2 has primari			ts are defined in 11	U.S.C. § 10 <sup>2</sup>	1(8) as "incurred by an		
		individual p	orimarily for a	personal, family, or h	nousehold purpo	ose."					
			•	ore you filed for bankr	uptcy, did you p	ay any creditor a tota	al of \$6,825* or mo	re?			
		□ <sub>No.</sub> □ <sub>Yes</sub>	Go to line 7	each creditor to whom	vou paid a tota	al of \$6.825* or more	in one or more pay	ments and th	ne total amount you		
			paid that cr not include	editor. Do not include payments to an attor t on 4/01/22 and ever	payments for d ney for this bank	lomestic support obliq kruptcy case.	gations, such as ch	ild support a	nd alimony. Also, do		
	Yes			or both have primaril				,			
	- 100.			ore you filed for bankr	-		al of \$600 or more?	•			
		■ No.	Go to line 7	·.							
		☐ Yes		each creditor to whom	, ,			, ,			
				ments for domestic s this bankruptcy case		ns, such as child sup	port and alimony. A	Also, do not i	nclude payments to an		
(	Creditor	's Name and	d Address	Dates o	f payment	Total amount	Amount you	Was this p	payment for		
						paid	still owe				
li o a	<i>nsiders</i> in f which y	nclude your r ou are an of	elatives; any ficer, director		atives of any genomer of 20% of	neral partners; partne or more of their voting	erships of which yo g securities; and ar	u are a gene ny managing	ral partner; corporation agent, including one fo		
	■ No □ Yes.	List all payn	nents to an in	sider.							
ı	Insider's	Name and	Address	Dates o	f payment	Total amount paid	Amount you still owe	Reason fo	r this payment		
ii	nsider?	-						ecount of a	debt that benefited an	١	
ır	iciuue pa	ayını <del>c</del> ınıs on (	renis ângigu	teed or cosigned by a	n mauel.						
	■ No □ Yes.	List all payn	nents to an in	sider							
I		Name and			f payment	Total amount	Amount you		r this payment		
						paid	still owe	include cre	ditor's name		

Deb	btor 1 Pamela Jobity		Case number	(if known)	
Par	rt 4: Identify Legal Actions, Repossess	ions, and Foreclosures			
9.	Within 1 year before you filed for bankru List all such matters, including personal inju modifications, and contract disputes.				
	■ No □ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency	Status of th	e case
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, foreclosed	, garnished, attached	d, seized, or levied?
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>				
	Creditor Name and Address	Describe the Property		Date	Value of the property
		Explain what happened	d		property
11.	Within 90 days before you filed for banks accounts or refuse to make a payment b		luding a bank or financial ins	stitution, set off any a	nmounts from your
	Yes. Fill in the details.  Creditor Name and Address	Describe the action the	e creditor took	Date action was	Amount
				taken	
Par	court-appointed receiver, a custodian, o  No Yes  List Certain Gifts and Contribution				
			a with a tatal value of many th	¢600	
13.	Within 2 years before you filed for bankr	uptcy, did you give any gift	s with a total value of more ti	nan \$600 per person	<b>?</b>
	Yes. Fill in the details for each gift.	Describe the gifts		Datas you gave	Value
	Gifts with a total value of more than \$60 per person	00 Describe the gifts		Dates you gave the gifts	value
	Person to Whom You Gave the Gift and Address:				
14.	■ No		s or contributions with a tota	I value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or c Gifts or contributions to charities that		u contributed	Dates you	Value
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	·		contributed	
Par	rt 6: List Certain Losses				
15.		ptcy or since you filed for b	oankruptcy, did you lose anyt	hing because of the	t, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and	Describe any insurance co	overage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insuinsurance claims on line 33	rance has paid. List pending of Schedule A/B: Property.	loss	lost

Debtor 1 Case number (if known) Pamela Jobity Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Denrick Cooper, PC **Attorney Fees** \$3,500.00 207-23 Hillside Avenue Queens Village, NY 11427 cooperlegal@aol.com GreenPath, Inc. Credit Counseling \$35.00 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Amount of Person Who Was Paid Description and value of any property Date payment or transfer was transferred Address payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No П Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred payments received or debts **Address** made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance before closing or account number closed, sold. Address (Number, Street, City, State and ZIP instrument

Code)

moved, or

transferred

transfer

Case number (if known)

21.	Do you now have, or did you have within 1 year leash, or other valuables?	pefore you filed for bankruptcy, any	safe deposit box or other deposito	ry for securities,
	■ No □ Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it?  Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or pla	ce other than your home within 1 ye	ear before you filed for bankruptcy?	,
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	19: Identify Property You Hold or Control for S	omeone Else		
23.	Do you hold or control any property that someor for someone.	ne else owns? Include any property	you borrowed from, are storing for	or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Informat	tion		
For	the purpose of Part 10, the following definitions a	pply:		
	Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	, land, soil, surface water, groundw	<u> </u>	
	Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s	•	w, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si	nental law defines as a hazardous w	vaste, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that you	u know about, regardless of when t	hey occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable u	nder or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any r	elease of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and	Environmental law, if you know it	Date of notice
		ZIP Code)		

Debtor 1 Pamela Jobity

Del	btor 1	Pamela Jobity		Case number (if known)	
26.	Have	you been a party in any judicial or ad	Iministrative proceeding under any envi	ironmental law? Include settlements and c	orders.
		No			
	_	• • •			
			Court or agency		
	Cas	e Number	Address (Number, Street, City, State and ZIP Code)	Ca	3 <b>C</b>
Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  No					
27.	With	in 4 years before you filed for bankrup	otcy, did you own a business or have ar	ny of the following connections to any bus	iness?
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-time	
		☐ A member of a limited liability com	pany (LLC) or limited liability partnersh	ip (LLP)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing e	xecutive of a corporation		
		☐ An owner of at least 5% of the voti	ng or equity securities of a corporation		
		No. None of the above applies. Go to	Part 12.		
		Yes. Check all that apply above and fi	II in the details below for each business	s.	
			Describe the nature of the business		har ar ITIN
			Name of accountant or bookkeeper	· ·	ber or IIIN.
28.			otcy, did you give a financial statement	to anyone about your business? Include a	II financial
		No			
	Add	ress	Date Issued		
Pai	rt 12:	Sign Below			
l ha	vo ros	nd the answers on this Statement of F	inancial Affairs and any attachments as	ad I declare under penalty of periury that t	he answers
are	true a	nd correct. I understand that making a	a false statement, concealing property,	or obtaining money or property by fraud in	
			5 \$250,000, or imprisonment for up to 20	) years, or both.	
/s/	Pam	ela Jobity	_		
			Signature of Debtor 2		
			Data		
Dai	ie <u>J</u>	une 7, 2019	Date		
Did ■ N	-	ttach additional pages to Your Statem	nent of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?	
<b>-</b> '\					
Did	you p	ay or agree to pay someone who is no	ot an attorney to help you fill out bankru	uptcy forms?	
<b>I</b>	No .				
□ Y	es. N	ame of Person Attach the Bankr	uptcy Petition Preparer's Notice, Declarati	on, and Signature (Official Form 119).	

Fill in this inform	nation to identify your case:
Debtor 1	Pamela Jobity
Debtor 2 (Spouse, if filing)	
United States B	ankruptcy Court for the: Eastern District of New York
Case number (if known)	

Check	as directed in lines 17 and 21:								
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

# Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

		•							
Part	11: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one of	only.							
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2-11								
10 th	ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tot bouses own the same rental property, put the income from that	month peri	iod would I in the res	l be Ma sult. Do	rch 1 throu not includ	igh Aug le any	gust 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during ble, if both
						Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (b	efore all	\$	2,147.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e paymer	nts from	a spo	use if	\$	0.00	\$	
4.	All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househound roommates. Do not include payments from a spouyou listed on line 3.	<b>rt.</b> Include old, your d	e regular depende	r contri nts, pa	ibutions arents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1						
	Gross receipts (before all deductions) \$		1,58	4.00					
	Ordinary and necessary operating expenses -\$			0.00					
	Net monthly income from a business, profession, or farm \$		1,58	4.00	Copy here ->	\$	1,584.00	\$	
6.	Net income from rental and other real property	Debtor	-						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Copy	/ here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1	Pamela Jobity			Case number (	if known)			
				Column A Debtor 1		Column B Debtor 2 o		
<b>-</b>				\$	0.00	\$	эроизс	
	nterest, dividends, and royalties			\$		\$		
	nemployment compensation	h	Ct	· ———	0.00	Ф		
the	o not enter the amount if you contend that the Social Security Act. Instead, list it here:			r				
	For your spouse		0.00					
9. <b>Pe</b>	ension or retirement income. Do not incluenefit under the Social Security Act.	·	t was a	\$	0.00	\$		
10. Inc Do red do	ncome from all other sources not listed a to not include any benefits received under the eceived as a victim of a war crime, a crime a comestic terrorism. If necessary, list other so tal below.	ne Social Security Act or pay against humanity, or internati	ments onal or					
	contribution from son			\$ 2,34	43.00	\$		
	contribution from daughter			\$3	24.00	\$		
	Total amounts from separate pages	, if any.	+	. \$	0.00	\$		
	alculate your total average monthly inco ach column. Then add the total for Column		for \$	6,398.00	<b>+</b> \$			6,398.00 tal average onthly income
	copy your total average monthly income faculate the marital adjustment. Check or						\$	6,398.00
	You are not married. Fill in 0 below.							
	You are married and your spouse is filing	g with you. Fill in 0 below.						
	You are married and your spouse is not	filing with you.						
	Fill in the amount of the income listed in dependents, such as payment of the sp							
	Below, specify the basis for excluding the adjustments on a separate page.	is income and the amount o	f income de	evoted to each p	ourpose.	If necessary	, list addi	tional
	If this adjustment does not apply, enter	0 below.						
			\$_		-			
			\$_ _•		-			
	Total		+\$_	0.00	Co <sub>l</sub>	oy here=>		0.00
14. <b>Y</b>	Total		+\$_	0.00	Col	oy here=>	<b>-</b> \$	6,398.00
		ne 13 from line 12.	<b>+</b> \$	0.00	Col	oy here=>	<b>-</b>	6,398.00
15. <b>C</b>	Your current monthly income. Subtract li	ne 13 from line 12.	*		·		<b>-</b> \$\$	
15. <b>C</b>	Your current monthly income. Subtract li	ne 13 from line 12.  or the year. Follow these st	*		·		\$ \$ x	6,398.00

Debt	or 1 Pa	imeia Jobity		Case number (if known)		
16	. Calcula	te the median family income that applies to yo	ou. Follow these steps:			
	16a. Fill	in the state in which you live.	NY			
	16b. Fill	in the number of people in your household.	2			
	16c. Fill	in the median family income for your state and si	ze of household.		\$	71,343.00
		find a list of applicable median income amounts, tructions for this form. This list may also be available.	go online using the link	specified in the separate	· _	
17	. How do	the lines compare?				
	17a.	☐ Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NO				
	17b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calculyour current monthly income from line 14 ab	ation of Your Disposab			
Par	t 3:	Calculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)			
18.	Сору у	our total average monthly income from line 11	•		\$	6,398.00
19.	contend	the marital adjustment if it applies. If you are r I that calculating the commitment period under 11 s income, copy the amount from line 13.	married, your spouse is r	not filing with you, and you		
	19a. If the	he marital adjustment does not apply, fill in 0 on li	ne 19a.		-\$	0.00
	19b. <b>Su</b>	btract line 19a from line 18.			\$	6,398.00
20.	Calcula	ite your current monthly income for the year.	Follow these steps:			
20.		ny lina 10h	·		•	6,398.00
					Ψ_	- 10
	IVIU	ultiply by 12 (the number of months in a year).			<b>X</b>	<b>x</b> 12
	20b. Th	e result is your current monthly income for the year	ar for this part of the forn	n	\$_	76,776.00
	20c. Co	py the median family income for your state and si	ze of household from lin	ne 16c	\$_	71,343.00
	21. <b>Ho</b>	ow do the lines compare?				
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, o	on the top of page 1 of this form, ch	eck box 3, 7	The commitment
	•	Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered by	y the court, on the top of page 1 of	this form, ch	neck box 4, The
Par	t 4:	Sign Below				
	By signi	ng here, under penalty of perjury I declare that the	e information on this stat	tement and in any attachments is to	rue and corr	rect.
)	( /s/ Pa	mela Jobity				
	Pame	la Jobity				
	Ū	ure of Debtor 1 une 7, 2019				
		IM / DD / YYYY				
	If you ch	necked 17a, do NOT fill out or file Form 122C-2.				
	If you ch	necked 17b, fill out Form 122C-2 and file it with th	is form. On line 39 of the	at form, copy your current monthly i	income from	n line 14 above.

Fill in	this information to	identify your case	:						
Debtor	Pamela J	obity							
Debtor (Spous	se, if filing)								
United	States Bankruptcy C	ourt for the: Easte	ern District of New	York					
Case r (if knov	number wn)				☐ Cr	neck if this is	an amended	filing	
	Chapter 13 Calculation of Your Disposable Income 04/19								
	o fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of ommitment Period (Official Form 122C-1).								
pace i		separate sheet to t	his form, Include	the line number	ether, both are equally rete to which additional info				
Part 1	Calculate Your	r Deductions from	Your Income						
the	The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.								
expe	enses if they are high	ner than the standard	ds. Do not include	any operating exp	ense. In later parts of the poenses that you subtracte income in line 13 of Forr	d from income			
If yo	ur expenses differ fro	om month to month,	enter the average	expense.					
Note	e: Line numbers 1-4 a	are not used in this f	orm. These number	ers apply to inforr	nation required by a simila	ar form used ir	chapter 7 cas	es.	
5.	The number of peo	pple used in determ	nining your deduc	ctions from inco	me				
		any additional deper	ndents whom you s		ederal income tax return, nber may be different from	n	2		
Nati	onal Standards	You must use	the IRS National S	Standards to ansv	ver the questions in lines	6-7.			
6.	Food, clothing, and Standards, fill in the				d in line 5 and the IRS Na	tional	\$	1,202.00	
7.	the dollar amount fo	or out-of-pocket healt or olderbecause old	th care. The numb der people have a	er of people is sp higher IRS allow	ntered in line 5 and the IR dit into two categoriespe ance for health car costs. 22.	ople who are ι	under 65 and		

Official Form 122C-2

ebtor 1	<u>P</u>	amela Jobity			Case number (if	known)		
Peop	le w	vho are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	52				
	7b.	Number of people who are under 65	Х	2				
	7c.	<b>Subtotal.</b> Multiply line 7a by line 7b.	\$	104.00	Copy here=	<b>&gt;</b> \$_	104.00	
Peop	le w	vho are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	114				
	7e.	Number of people who are 65 or older	X	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=	<b>&gt;</b> \$ _	0.00	
,	7g.	Total. Add line 7c and line 7f		\$_	104.00	Co	ppy total here=>	\$104.00
Loca	l Sta	andards You must use the IRS Local Standards to	o answe	r the questions	in lines 8-15.			
Base bank	d oi	n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts:	gram ha	s divided the l	RS Local Standard	d for ho	ousing for	
		ing and utilities - Insurance and operating expen	ses					
_		ing and utilities - Mortgage or rent expenses						
8.	Hou n th	e instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance are and utilities - Mortgage or rent expenses:	nses: l	Jsing the numb	er of people you en		line 5, fill \$_	722.00
-	Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5,		ill in the	dollar amount				
	Ja.	listed for your county for mortgage or rent expense	* 1 00 <i>1</i> 00					
	9b.	Total average monthly payment for all mortgages a	nd othe	r debts secured	by your home.			
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.						
		Name of the creditor		verage month ayment	ly			
		SN Servicing Corporation	\$	1,604	.00			
		9b. Total average monthly paymer	ıt \$	1,604	.00 Copy here=>	-\$	1,604.00	Repeat this amoun on line 33a.
	9c.	Net mortgage or rent expense.						
		Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent		9a ( <i>mortgage</i>	\$	390	.00 Copy	\$390.00
10.		ou claim that the U.S. Trustee Program's division				is incor	rect and	\$ 0.00

Debtor 1	Pame	ela Jobity		Case	number ( <i>if kn</i>	own)		
11.	Local tra	ansportation expenses: Check the number of vehicle	cles for which you clair	m an ov	vnership o	r operatin	g expense.	
	■ 0. Go	to line 14.						
	□ 1. Go	to line 12.						
	□ 2 or n	nore. Go to line 12.						
		operation expense: Using the IRS Local Standards gexpenses, fill in the Operating Costs that apply for						0.00
13.	Vehicle You may	ownership or lease expense: Using the IRS Local not claim the expense if you do not make any loan n two vehicles.	Standards, calculate t	the net o	ownership	or lease	expense for each ve	
Vel	hicle 1	Describe Vehicle 1:						
13a.	Ownersh	ip or leasing costs using IRS Local Standard			\$	0.00		
		monthly payment for all debts secured by Vehicle 1			·			
	ŭ	clude costs for leased vehicles.						
	are contr	late the average monthly payment here and on line actually due to each secured creditor in the 60 mon cy. Then divide by 60.		:hat				
	Nar	ne of each creditor for Vehicle 1	Average monthly payment					
			\$					
		Total Average Monthly Payment	\$	Cop here	oy e => -\$		Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease expense line 13b from line 13a. if this number is less than \$0	), enter \$0		\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	hicle 2	Describe Vehicle 2:						
13d.	Ownersh	ip or leasing costs using IRS Local Standard			\$	0.00		
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2 ehicles.	. Do not include costs	for				
	Nar	ne of each creditor for Vehicle 2	Average monthly payment					
			\$	_				
		Total average monthly payment	\$	Cop here =>	-	0.0	Repeat this amount on line 33c.	
13f.	Net Vehi	cle 2 ownership or lease expense					Copy net	
		line 13e from line 13d. if this number is less than \$0	), enter \$0		\$	0.00	Vehicle 2 expense here => \$	0.00
14.		ransportation expense: If you claimed 0 vehicles fransportation expense allowance regardless of					in the \$	178.00
	Addition also ded	nal public transportation expense: If you claimed uct a public transportation expense, you may fill in w	1 or more vehicles in li	ine 11 a	nd if you	claim that		0.00

Case number (if known)

Oth	rer Necessary Expenses  In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for				
16.	<b>Taxes:</b> The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.					
	Do not include real estate, sales, or use taxes.	\$_	121.00			
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.	œ.	0.00			
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$_	0.00			
18.	<b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	0.00			
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or					
	administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$_	0.00			
20.	Education: The total monthly amount that you pay for education that is either required:					
	as a condition for your job, or	æ	0.00			
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$_	0.00			
21.	<b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$_	0.00			
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid					
	by a health savings account. Include only the amount that is more than the total entered in line 7.					
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00			
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	2,717.00			
Add	Altional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.					
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, o your dependents.	r				
	Health insurance \$ 0.00					
	Disability insurance \$ 0.00					
	Health savings account + \$ 0.00					
	Total \$ 0.00 Copy total here=>	\$	0.00			
	Do you actually spend this total amount?					
	No. How much do you actually spend?					
	■ Yes \$					
26.	Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may					
	include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)	\$_	0.00			
27.	<b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.					
	By law, the court must keep the nature of these expenses confidential.	\$	0.00			

Pamela Jobity

Debtor 1

Debtor 1	Pamela Jobity	Case number	(if known)				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and op	erating e	expenses	on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	osts that are more than the home energy costs include nergy costs	ded in ex	penses or	line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show tha	at the ad	ditional		\$	0.00
	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expense pendent children who are younger than 18 years old	es (not n to attend	nore than I a private	or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain wood already accounted for in lines 6-23.	why the a	amount			
	* Subject to adjustment on 4/01/22, and eve	ery 3 years after that for cases begun on or after the c	date of a	djustment.		\$	0.00
		he monthly amount by which your actual food and clo gallowances in the IRS National Standards. That amo s in the IRS National Standards.					
		ional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	he sepa	rate			
	You must show that the additional amount claimed is reasonable and necessary.					\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	ial					
	Do not include any amount more than 15% of your gross monthly income.					\$	0.00
	32. Add all of the additional expense deductions. Add lines 25 through 31.						0.00
Dedu	uctions for Debt Payment						
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortga	ges, veh	icle			
Т		ent, add all amounts that are contractually due to eac	ch secure	ed			
	Mortgages on your home					verage aymen	monthly
33a.	Copy line 9b here			=	·> \$	-	1,604.00
	Loans on your first two vehicles						
33b.	Copy line 13b here			=	:> \$		0.00
33c.					:> \$		0.00
33d.	List other secured debts:						
	e of each creditor for other secured debt	Identify property that secures the debt	incl	es paymen ude taxes nsurance?			
				No			
	-NONE-			Yes	\$		
					Ψ		
				No			
			_ 🗆	Yes	\$		
				No			
				Yes +	- \$		
					Φ		
33e	Total average monthly payment. Add lines	\$ 33a through 33d\$	1,60	4 00 t	Copy otal ere=>	\$	1,604.00

ebtor 1	Pam	eia Jobity			Cas	se nun	nber ( <i>if known</i> )			
		debts that you listed in lin property necessary for yo				е,				
	No.	Go to line 35.								
	☐ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	ossession of your property							
Nam	e of the	creditor	Identify property that sec	ures the del	ot	Tot	al cure amount		onthly o	ure
-NC	NE-				\$			÷ 60 = \$		
								Сору		
					Total	\$_	0.00	total here=>	\$	0.00
		owe any priority claims - s due as of the filing date o				hat				
	-	Go to line 36.	,		,					
		Fill in the total amount of a	all of these priority claims. I ch as those you listed in lir		de current or					
		Total amount of all past-o	due priority claims			\$	0.00	÷ 60	\$	0.00
36. <b>P</b>	rojecte	d monthly Chapter 13 plan	n payment			\$	2,481.00			
O th To	Office of ne Exec o find a li	nultiplier for your district as the United States Courts (fo utive Office for United State ist of district multipliers that incl instructions for this form. This lis	or districts in Alabama and s Trustees (for all other dis udes your district, go online us	North Carol stricts). ing the link sp	lina) or by	x _	7.60			
А	verage	monthly administrative expe	ense			\$	188.56	Copy total		188.56
		of the deductions for debes 33e through 36.	t payment.						\$	1,792.56
Total	Deduc	tions from Income								
38. <b>A</b>	dd all d	of the allowed deductions.	•							
		ne 24, All of the expenses a e allowances	llowed under IRS	\$	2,717.00	)				
(	Copy lir	ne 32, All of the additional e	xpense deductions	\$	0.00	0				
	Copy lir	ne 37, All of the deductions	for debt payment	+\$	1,792.56	5				
	Total de	eductions		\$	4,509.56	6	Copy total here=>		3	4,509.56
	. Jui uc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ι Ψ	-,	_	oopy total noie->	•		

Debtor 1	Pamela	Jobity			Case	numb	er (if known)		
Part 2:	Determ	nine You	r Disposable Income Under 1	I U.S.C. § 1325(b)	(2)				
			ent monthly income from line current Monthly Income and C					\$	6,398.00
<b>ch</b> dis re	<b>ildren.</b> The sability pay ceived in a	e monthly ments fo ccordanc	y necessary income you rece y average of any child support p r a dependent child, reported in the with applicable nonbankrupto anded for such child.	eayments, foster ca Part I of Form 122	are payments, or 2C-1, that you	\$_	0	.00	
en in sp	nployer with 11 U.S.C. ecified in 1	hheld fro § 541(b)( 1 U.S.C.	tirement deductions. The mor m wages as contributions for qu (7) plus all required repayments § 362(b)(19).	alified retirement p of loans from retir	plans, as specified ement plans, as	\$_	0	.00	
42. <b>To</b>	otal of all d	eductio	ns allowed under 11 U.S.C. § 7	707(b)(2)(A). Copy	/ line 38 here=>	\$_	4,509	.56	
ex the	penses an eir expense	d you ha es. You n	al circumstances. If special circ ve no reasonable alternative, de nust give your case trustee a de ocumentation for the expenses.	escribe the special	circumstances and				
Descr	ibe the sp	ecial cir	cumstances		Amount of expen	se			
					\$				
					\$				
				:	\$				
				Total \$_	0.00	Cop	oy e=>\$	0.00	
44. <b>T</b> c	otal adjust	ments. A	add lines 40 through 43.		=> \$		4,509.56	Copy here=> -\$	4,509.56
45. <b>C</b> a	•		hly disposable income under	<b>§ 1325(b)(2).</b> Sub	tract line 44 from lin	e 39	).	\$	1,888.44
46. <b>Cl</b> ha tin yo	nange in in ave change ne your cas ou filed you	ncome o d or are v se will be r petition.	r expenses. If the income in Fo virtually certain to change after to open, fill in the information below, check 122C-1 in the first column when the increase occurred, a	the date you filed yow. For example, if nn, enter line 2 in t	our bankruptcy peti- the wages reported he second column, e	tion I incr	and during the reased after		
Form	Lin	е	Reason for change		Date of change		Increase or decrease?	Amount of	change
☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122	2C-2 2C-1 2C-2 2C-1 2C-2					-	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$ \$	
☐ 122 ☐ 122					_	_	☐ Increase☐ Decrease	\$	

Debtor 1	Pamela Jobity	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that th	e information on this statement and in any attachments is true and correct.
X	/s/ Pamela Jobity	
	Pamela Jobity Signature of Debtor 1	
	June 7, 2019 MM / DD / YYYY	
	, 55 ,	

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Eastern District of New York

		ii District of New 1 of						
In r	Pamela Jobity	Debtor(s)	Case No Chapter	13				
	DISCLOSUDE OF COMPENS	SATION OF ATTO	ρνιέν έσρ ρ	EDTAD(C)				
	DISCLOSURE OF COMPENS			` ,				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of o	of the petition in bankruptcy	, or agreed to be pai	d to me, for service				
	For legal services, I have agreed to accept			4,000.00				
	Prior to the filing of this statement I have received		\$	4,000.00				
	Balance Due		\$	0.00				
2.	\$ of the filing fee has been paid.							
3.	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
4.	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
5.	■ I have not agreed to share the above-disclosed compens	sation with any other person	unless they are me	mbers and associate	s of my law firm.			
	☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names				y law firm. A			
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering</li> <li>b. Preparation and filing of any petition, schedules, statemed</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce reaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on house</li> </ul>	ent of affairs and plan which and confirmation hearing, a uce to market value; ex as needed; preparation	h may be required; nd any adjourned he emption planning	earings thereof;	d filing of			
7.	By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any disch any other adversary proceeding.			ces, relief from s	tay actions or			
	(	CERTIFICATION						
this	I certify that the foregoing is a complete statement of any agbankruptcy proceeding.	greement or arrangement fo	r payment to me for	representation of th	e debtor(s) in			
	June 7, 2019	/s/ Denrick Coop	er, Esq.					
_	Date	Denrick Cooper,	Esq. 2860443					
		Signature of Attorn Denrick Cooper,						
		207-23 Hillside A	venue					
		Queens Village, 718-479-9500 Fa						
		cooperlegal@ao Name of law firm	l.com					
		The of the film						

# **United States Bankruptcy Court Eastern District of New York**

In re	Pamela Jobity		Case No.		
		Debtor(s)	Chapter	13	

## **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

718-479-9500 Fax: 718-479-9509

USBC-44 Rev. 9/17/98

Case 1-19-43571-cec Doc 1 Filed 06/07/19 Entered 06/07/19 16:42:56 SN Servicing Corporation P.O. Box 660820 Dallas, TX 75266

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

<b>DEBTOR(S):</b>	Pamela Jobity	CASE NO.:.
		(b), the debtor (or any other petitioner) hereby makes the following disclosure nowledge, information and belief:
was pending at any taspouses or ex-spouse partnership and one have, or within 180	time within eight years before thes; (iii) are affiliates, as defined or more of its general partners;	purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ne filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) either of the Related Cases had, an interest in property that was or is included in the later than the later tha
■ NO RELATED	CASE IS PENDING OR HAS E	BEEN PENDING AT ANY TIME.
☐ THE FOLLOWI	NG RELATED CASE(S) IS PE	ENDING OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTRICT	T/DIVISION:
CASE STILL PEND	OING (Y/N):	[If closed] Date of closing:
CURRENT STATU	JS OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT	T/DIVISION:
CASE STILL PEND	DING (Y/N):	[If closed] Date of closing:
CURRENT STATU	JS OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT	T/DIVISION:
CASE STILL PEND	DING (Y/N):	[If closed] Date of closing:

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	
	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer	to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDUL SCHEDULE "A" OF RELATED CASE:	LE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	als who have had prior cases dismissed within the preceding 180 days may not uired to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S A	ATTORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New	York (Y/N):Y
CERTIFICATION (to be signed by pro se debtor/petition).  I certify under penalty of perjury that the within bankrup as indicated elsewhere on this form.  /s/ Denrick Cooper, Esq.	ner or debtor/petitioner's attorney, as applicable):  otcy case is not related to any case now pending or pending at any time, except
Denrick Cooper, Esq. 2860443 Signature of Debtor's Attorney Denrick Cooper, PC 207-23 Hillside Avenue Queens Village, NY 11427 718-479-9500 Fax:718-479-9509	Signature of Pro Se Debtor/Petitioner
	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
Teilers to feller and trust feller manifes all information are	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009